



Employee Services Department
500 Castro Street, P.O. Box 7540
Mountain View, CA 94039-7540
FAX 650-903-6054
www.mountainview.gov

EMPLOYMENT APPLICATION

PLEASE NOTE: 1. A separate application is required for each position.
2. Applications must be typed or printed in blue or black ink. Incomplete or illegible applications will not be considered.
3. Keep the Employee Services Department informed of any changes in your phone and home address.

POSITION

Position applied for _____

How did you learn of the position for which you are applying? _____

PERSONAL

☐ Mr. ☐ Ms.

Last name _____ First name _____ Middle name _____

Have you ever used another name? _____ E-Mail Address _____

Street Address _____ City _____ State _____ Zip Code _____

Are you over 18 years of age? Yes _____ No _____ If under 18, can you, after employment, submit a work permit? _____

Home phone (_____) _____ Work phone (_____) _____

Do you have a valid driver's license or I.D. card? California _____ Other State _____ License No. _____ Class _____

Have you any relatives working for the City of Mountain View? Yes _____ No _____

If yes, give name and relation _____

EDUCATION

Name of High School _____ City/State _____ High School Diploma or GED/equivalent? Yes _____ No _____

Name of College or University _____ City/State _____ Major _____

College/University units completed (semester/quarter) _____ Degree(s) completed _____
(CIRCLE ONE) (LIST TOTAL UNITS)

Name of Trade or Business School _____ City/State _____ Course of study completed _____

Other special training, languages (read, speak, write), professional licenses or registrations _____

Clerical Skills: Typing WPM _____ Computer/other office equipment _____

VOLUNTEER EXPERIENCE

Job-related community or volunteer experience (if applicable). Do not list any political party affiliations.

Dates _____ Organization _____ Special responsibilities _____

CONVICTIONS

Have you received any vehicle citations for moving violations within the last five years? Yes _____ No _____ If YES, please explain fully on the lines below. Attach a separate sheet if this space is not adequate. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually for positions requiring a valid California Driver's License.)

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? Yes _____ No _____ If YES, please explain fully on the lines below. Attach a separate sheet if this space is not adequate. List all convictions after your 18th birthday. (A YES answer to this question is not an automatic bar to employment. Each case is considered individually. Do not disclose convictions that are over two years old which involve violations of Health and Safety Code Sections 11357, 11360, 11364, 11365 or 11550, as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes.)

EMPLOYMENT HISTORY

Starting with your present or last employer, please account for your work experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application fully. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Dates employed: From _____/_____/_____ to _____/_____/_____ Total years/months _____ Hours per week _____
month / year month / year

Your job title or occupation _____ Salary: Beginning _____ Ending _____

Number of persons you supervised _____ Your supervisor's name and title _____

Name of employer _____ Phone (_____) _____

Address of employer _____

Your duties and responsibilities _____

Reason for leaving _____

Dates employed: From _____/_____/_____ to _____/_____/_____ Total years/months _____ Hours per week _____
month / year month / year

Your job title or occupation _____ Salary: Beginning _____ Ending _____

Number of persons you supervised _____ Your supervisor's name and title _____

Name of employer _____ Phone (_____) _____

Address of employer _____

Your duties and responsibilities _____

Reason for leaving _____

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month / year month / year

Your job title or occupation _____ Salary: Beginning _____ Ending _____

Number of persons you supervised _____ Your supervisor's name and title _____

Name of employer _____ Phone (_____) _____

Address of employer _____

Your duties and responsibilities _____

Reason for leaving _____

AGREEMENT

READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application and any additional supporting documents are true and I authorize investigation of all matters contained in the application material. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Mountain View. I agree to furnish such proof of age, citizenship, licenses and education as may be requested; and, if required by the position for which I am applying, I further agree to be fingerprinted/backgrounded and to submit to a complete medical examination by a City physician.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the City of Mountain View is legally required by the Federal Government to hire only U.S. citizens and aliens lawfully authorized to work in the United States.

I understand that it is the policy of the City of Mountain View to preserve the right to equal employment opportunity for all persons, including those with physical, mental or sensory disabilities. Candidates that may require special assistance in any phase of the application or testing process should advise the Employee Services Department upon submittal of application.

Signature _____ Date _____

CITY OF MOUNTAIN VIEW EMPLOYEE SERVICES DEPARTMENT

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Listed below are acceptable documents that may be used after an offer of employment has been made to prove identity and legal ability to work in the United States. Can you, after employment, submit verification of your legal right to work in the United States? _____

**One document from List A would be acceptable
OR
One document from each List B and List C**

<u>LIST A</u> Identity and Employment Eligibility:	<u>LIST B</u> Identity:	<u>LIST C</u> Employment Eligibility:
United States Passport	A State-issued driver's license or I.D. card with a photograph, or infor- mation including name, sex, date of birth, height, weight, and color of eyes.	Original Social Security card (other than a card stating it is not valid for employment)
Certificate of United States Citizenship		
Certificate of Naturalization		A birth certificate issued by State, County or municipal authority bearing the seal or other certification
Unexpired Foreign Passport with Attached Employment Authorization	U.S. Military Card	
Alien Registration Card with Photograph	Other (specify type of form and issuing authority)	Unexpired INS employ- ment authorization

NAME _____

DATE _____

**CITY OF MOUNTAIN VIEW
EMPLOYEE SERVICES DEPARTMENT**

TO: All Job Applicants
FROM: Employee Services Director
SUBJECT: ETHNIC IDENTITY FORM

Section 1233 of the California Government Code gives each applicant the opportunity to **voluntarily** indicate his/her ethnic identification with the submittal of an employment application. This form will be detached from the application prior to application review and kept in a separate file from the employment application.

This information requested is gathered and summarized for nondiscrimination statistical purposes only. It is unlawful to use this information to discriminate against or give preference to a person for hiring or promotion. Please **do not sign** this form.

DATE: _____ POSITION APPLIED FOR: _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

I identify myself as:

- | | |
|--------------------------------|------------------------------------|
| A. White | D. Asian or Pacific Islander |
| B. Black | (Japanese, Chinese, Filipino, |
| C. Hispanic Surnamed | Korean, Samoan, or the Indian |
| (Mexican, Cuban, Puerto Rican, | Subcontinent) |
| Central or South American, or | E. American Indian/ Alaskan Native |
| Other Hispanic Surnamed) | |

RACE: _____ SEX: _____ AGE: _____

For purposes of this report, the following categories will be used:

- A. The category "White" (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B. The category "Black" (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- C. The category "Hispanic": All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture of origin, regardless of race.
- D. The category "Asian or Pacific Islander": All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- E. The category "American Indian or Alaskan Native": All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.